

FILED FEB 6 1951

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. 2213  
 Registrar's No. 30

BIRTH NO.		REG. DIST. NO. 294		PRIMARY REG. DIST. NO. 3056	
1. PLACE OF DEATH a. COUNTY <u>Randolph</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Chariton</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>0219</u> OR TOWN <u>Salisbury Twp. Rural</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Moberly</u>		c. LENGTH OF STAY (If in place) <u>3 days</u>		d. STREET ADDRESS (If rural, give location) <u>N. across Highway from Salisbury</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>McCormick Hospital</u>		3. NAME OF DECEASED a. (First) <u>Frank</u> b. (Middle) <u>S</u> c. (Last) <u>Smith</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>1-21-51</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>Jan-19-1885</u>		9. AGE (In years last birthday) <u>66</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	
11. BIRTHPLACE (State or foreign country) <u>Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Samuel Smith</u>	
13b. MOTHER'S MAIDEN NAME <u>Mary Elizabeth Coy</u>		14. NAME OF HUSBAND OR WIFE <u>Willie Smith</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>None</u>	
16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Frank Smith</u>		ADDRESS <u>Salisbury Mo</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary embolism</u> ANTECEDENT CAUSES <u>Thrombosis</u> DUE TO (b) <u>fracture of right foot</u> DUE TO (c) <u>Cardiac decompensation</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4343</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>2 weeks</u> <u>several months</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>1-19-1951</u> , to <u>1-21-1951</u> , that I last saw the deceased alive on <u>1-21-1951</u> , and that death occurred at <u>4:50 P. m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>William H. Hester</u>		23b. ADDRESS <u>Keytesville Mo</u>		23c. DATE SIGNED <u>1-23-1951</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-23-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Asbury Cem</u>	
24d. LOCATION (City, town, or county) (State) <u>Chariton Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. Hester</u>		ADDRESS <u>Salisbury Mo</u>	
DATE REC'D BY LOCAL REG. <u>1-23-51</u>		REGISTRAR'S SIGNATURE <u>Charles William Poole</u>		26. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. Hester</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Date Received: JAN 27 1951  
DISTRICT HEALTH OFFICE #2  
District File Number 1-51-2  
Date Filed: FEB 5 1951

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

working under my personal supervision.

Signed.....  
Student Embalmer

Signed.....

Student Embalmer No.....

Licensed Embalmer No. 3842

P. O. Address Salisbury, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.